MEMBER
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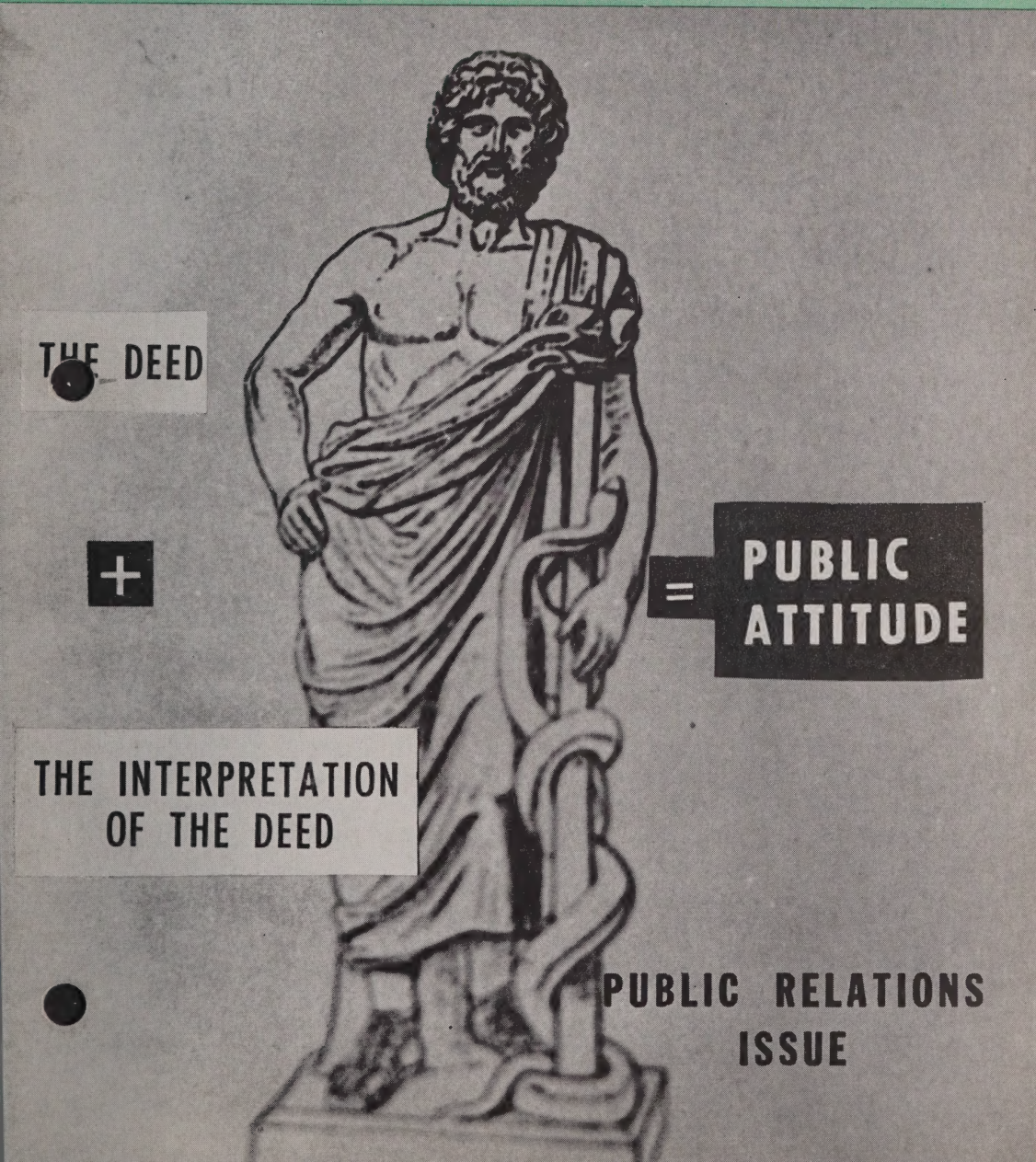
MAGAZINE GROUP

# The Hampden Hippocrat

A Bulletin for the Hampden District of the Massachusetts Medical Society

VOLUME XVIII OCTOBER, 1962 NO. 8



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# The Hampden Hippocrat

"Life is short and art is long, the occasion fleeting, experience fallacious and judgment difficult."
Hippocrates

Founded in 1942 by Drs. Edward P. Bagg and William A. R. Chapin, and published monthly except July and August.

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THE HAMPDEN HIPPOCRAT, OCTOBER, 1962

## GUEST EDITORIAL

### PUBLIC RELATIONS
### PAST, PRESENT AND FUTURE

**by HARRY N. MEMERY, CHAIRMAN, PUBLIC RELATIONS COMMITTEE**
**Hampden District Medical Society**

Ex-President Truman, in a recent radio broadcast, referred to opponents of Federal medicine as "those damn doctors". This sentiment represents perhaps one extreme of our public image. Similar epitaphs, however, have been hurled at us by other politicians, both in and out of office, simply because we dared disagree with them on what was best for the health of the public. It behooves us, therefore, to correct as much as possible the black picture painted of us, but we must realize also that no educational or publicity program in the world will counteract the deleterious effect of the fee wrangle, the unethical, the reluctant, the brusque, and the indifferent physician.

Under the very capable leadership of past chairmen of the Public Relations Committee, Hampden District has maintained an outstanding record in the field of public relations. Drs. Thomas F. Reilly and Joseph M. Baker ran highly successful health programs via T.V., public forums and newspaper series. They established indoctrination meetings for new members of the Society, and promoted the very popular high school Science Fairs. Our relationship with the local press was much improved during their tenure.

Dr. Alfonso A. Palermo, during the past year, which was very critical to our profession, poured all of his vigor into a dynamic and energetic program. In addition to the usual functions, he developed a very close and friendly relationship with the Springfield Newspapers, and ran an outstanding weekly newspaper series. His most significant contribution, however, was his relentless fight against the King-Anderson Bill on local, state and national levels.

Special kudos go to several members of Dr. Palermo's committee: Dr. R. A. Grugan, for reorganizing and reactivating our Speakers' Bureau; Dr. W. W. Byrnes, for his Physical Fitness program in connection with the Public School System; and last but not least to Dr. J. M. Maloney for a one man effort to recruit future physicians. Dr. Maloney has lectured, shown films, and distributed literature in most of the high schools and colleges in our District in an effort to recruit medical students.

(For Dr. Palermo's complete report of P-R activities during 1961-62, see Hippocrat of May, 1962).

As we look forward to the coming year we realize more and more that the medical profession must present something resembling a solid front or suffer the consequences. The shattering experience of the past year saw the politicians capitalize on our complacency and ruthlessly tear into our profession, revealing for all to see how vulnerable we were.

I find my greatest problem to be one of trying to pinpoint just what Hampden District stands for.

Are we solidly behind the A.M.A., or are we willing to accept all of its benefits but disavowing its aims? Do we wish to fight for the private practice of medicine or do we feel that Federal control is inevitable? Should we enter the field of politics or steer clear and hope for the best? Do we really want a medical school in this area or will we merely accept it if it comes? Was the establishment of a relative value scale just an exercise or do we really want to put it to work? Did we establish an Emergency Medical Service in the true spirit of service or merely as something in which only one-half of the roster participates?

As physicians we are in danger of losing our health leadership by default. More definitive action by the members of the District is imperative if we are to project a public image that is in focus with the thinking of the times.

However, your committee is very optimistic. To the fullest extent we pledge our service to the Society and our cooperation with the Executive Committee. We pledge ourselves also to do everything possible to maintain the high standard of Public Relations activities set by our predecessors during the last decade or so.

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(For a decade of P-R activities, see page 18. —Editor)

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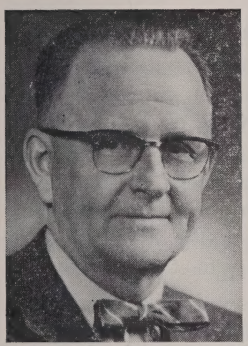
**DIABETES DETECTION WEEK NOV. 11 - 17**

# President's Page

## THE MEANING OF P-R



There is so much confusion in the minds of many concerning Public Relations that I was glad to learn that the Hippocrat was planning to devote its current issue to this subject. Recently I received a pamphlet from a Public Relations consultant on the subject and thought that some quotations from it might be appropriate at this time.

The first quote reveals that Public Relations "means everything you say or do; everything that has an effect on the public. *Good* Public Relations means that your organization must understand the public and that the public understands you. In addition, the organization must meet the needs of the public for the products or services it offers. In effect, good public relations is based mainly on good actions, plus effective interpretations of these actions".

Also, Public Relations is *not* "a cover up for short-comings; it is not a propaganda campaign to disguise the facts; it is not a cure-all; it is not merely the creation of favorable press comments".

I think this defines Public Relations about as well as can be done and identifies its field of action. Its tools are described as: "opinion survey, group dynamics, direct and indirect communications, (exhibits, speakers, radio, television, newspapers, trade publications, annual reports, etc.)". To this, in our case, should be added physician availability and good physician-patient relationship especially on financial matters. Fee disputes represent a large segment of the complaints reaching us and could easily be solved in most cases by better communication between physician and patient. Public relations should never be a defensive measure to gloss over the short-comings of an organization. To quote again, "The object of Public Relations is to plan and establish a favorable atmosphere for your organization to operate. While occasions will arise when defense may be necessary, Public Relations programs must be positive and anticipate unfavorable situations. It must be employed in a preventive capacity".

Each member of our Society knowingly or otherwise is a Public Relations representative. Our total public relations effort is only as good as each of us makes it. With this in mind our course of action should be clear: To do our best individually in dealing with our patients, and collectively in the support of our Public Relations Committee.

Ralph T. Miller, M. D.

## IN MEMORIAM

### HOWARD B. BROWN, M. D.
1899 - 1962

Dr. Howard B. Brown of Wilbraham died in Chatham, Mass. on September 21, 1962.

Born in Springfield on October 20, 1899, Dr. Brown graduated from Dartmouth College in 1923, and from the University of Pennsylvania Medical School in 1925.

After interning at the hospitals of the Graduate School of Medicine, University of Pennsylvania, Dr. Brown came to Springfield in 1926, engaging in general practice until 1931. He then joined the Mass. Mutual Insurance Co., Springfield where he progressed up to the position of Vice-president and Medical Director.

Dr. Brown was a member of the A.M.A., the Association of Life Insurance Medical Directors, the M.M.S., and the H.D.M.S. of which he was the Treasurer for a number of years, and the Springfield Academy of Medicine. He is a Past President of Western Mass. Heart Association. He served in the U. S. Army during World War I.

Deepest sympathy is extended to the surviving members of his family and to his many friends and associates.

## COMING EVENTS

HAMPDEN DISTRICT EXECUTIVE COMMITTEE MEETINGS,
OCTOBER 16 and NOVEMBER 20

SPRINGFIELD ACADEMY OF MEDICINE, NOVEMBER 13

AMERICAN CANCER SOCIETY, OCTOBER 22-23, 1962, NEW YORK, N. Y.

AMERICAN HEART ASSOCIATION, OCTOBER 26-30, CLEVELAND, OHIO

CONFERENCE ON DISASTER MEDICAL CARE, NOVEMBER 3 - 4,
PALMER HOUSE, CHICAGO

NEW ENGLAND POSTGRADUATE ASSEMBLY, NOVEMBER 6, 7 and 8,
STATLER HILTON HOTEL, BOSTON

CENSORS MEETING, DECEMBER 6

A.M.A., CLINICAL MEETING, LOS ANGELES, NOV. 25-28

AMERICAN COLLEGE OF SURGEONS, CLINICAL CONGRESS,
ATLANTIC CITY, OCT. 15-19

**It's there when you need it.** These six words sum up the rationale for including an anti*mycotic* in your antibiotic prescription. Particularly when that antimycotic is Fungizone (amphotericin B)....Here you have a highly potent agent which acts in the gastrointestinal tract when given by mouth. A highly potent agent, yet virtually nontoxic in the amounts provided by Mysteclin-F.[1,2] You can thus avail yourself of an important clinical safeguard which extends the usefulness of tetracycline: Mysteclin-F prevents monilial overgrowth while utilizing the full force of tetracycline against a wide range of pathogens. Once you've decided to control an infection with broad-spectrum therapy, therefore, **Mysteclin-F is good practice.**

1. Lehan, P. H., Yates, J. L., Brasher, C. A., Larsh, H. W., and Furcolow, M. L.: Diseases of Chest *32*:597, 1957.
2. Newcomer, V. D., Sternberg, T. H., Wright, E. T., and Reisner, R. M.: J. Chronic Diseases *9*:353, 1959.

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## THE INSURED ARE NOT CHARITY PATIENTS

*RESOLUTION*

*Whereas,* the medical profession continues to accept the responsibility to the community of rendering free service to indigent patients, the consensus prevails that it is an imposition for some hospitals to classify as staff patients those who receive not only benefits from governmental welfare program, but in addition are carrying some form of pre-paid insurance. Such action we believe to be unjust to patients who are paying premiums to avoid the stigma of "charity", and to the physicians who are designated for re-imbursements.

We deem it unethical to deny patients their choice of physicians, and the latter their fees so that in the end the insurance company is the sole gainer by release from promised payments, though of course the hospital is paid in either case.

To correct the unjust discrepancy, a resolution is offered herewith:

*RESOLVED* that the Hampden District Medical Society respectfully requests the Massachusetts Medical Society to contact existing welfare agencies for the purpose of correcting injustices as described above in the regulation of prepaid insurance, and in grouping the low income policyholders with indigents who enjoy no such foresighted protection.

*FURTHER,* that provided there be favorable action on the petition, hospitals be requested to re-classify insured patients, and to permit them to select their own qualified physicians.

Respectfully submitted,
by
Hampden District Medical Society,
as adopted at Stated Meeting, Sept.
25, 1962.

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## PUBLIC RELATIONS
### from a
## PSYCHIATRIST'S VIEWPOINT

Of the many changes that have occurred in the past few decades none has been more marked than the public's image of the physician. This change of image is reflected strikingly in the opinions and comments heard all around us:

"There no longer is the human element. Doctors are so impersonal; it's all business."

"Doctors annoy me with their air of superiority and their way of talking down to the patient."

"Doctors are a breed unto themselves; you can't tell them anything." (This from an administrator.)

"The compassion, altruism, dedication, and consideration of the old-time family physician no longer exists."

"Doctors are a closed corporation. They all protect each other—have to; they wouldn't dare go against each other."

Most of these critics hasten to exonerate their own physician ("He is an angel"). With a little prodding they also admit that they know of doctors who are kind and who give generously of their time to clinics, and ward work. Almost invariably, however, they conclude with the observation: "Yes, but not all doctors are like that."

Here is where we have to agree. We all know the Joe Dokes who prides himself on being able to intimidate his patients, or as he expresses it "to put them in their place". Little does he realize how he is traumatizing his patients and sabotaging at the same time his own profession. He probably is the physician with emotional problems of his own. He rails at his patient for the slightest deviation from instructions, because he feels that his professional authority is being threatened.

Similarly, you and I have heard a patient complain about exploitation by another physician. He has been advised that nothing can be done unless he is willing to put his complaint in writing, over his name, to be considered later by the grievance committee. We insist on this procedure, quite oblivious of the possible fears or suspicions created within the patient. Too often because of his being loath to put his complaint in writing, we conclude that he has no case, and sit back complacently, unmindful of a possible boomerang in the offing. At the same time we seem to remain utterly unaware of the advantages to be gained were we to offer more understanding and more empathy to our complaining patients.

However, we must realize that we are living today in a materialistic age. The dollar has become the prime symbol of success and achievement. It has

(continued on page 10)

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Case history provided by Joel Goldman, M.D., Johnstown, Pa. Original photograph November 10, 1960; follow-up photographs, November 29, 1961. METICORTEN,® brand of prednisone. S-019

remember this arthritic miner, doctor? he's still working after another successful year (his 7th) on Meticorten®

brand of prednisone

**Psychiatrist's Viewpoint**

(continued) from page 8)

become also the chief object of envy and jealousy. That the doctor occasionally succumbs to the influence of his mercenary environment is understandable. If he is today less dedicated and more business-like than he used to be, the era in which he lives must bear at least part of the blame. Moreover, many people labor under the delusion that all doctors are as rich as Croesus. They see an occasional Cadillac with a caduceus on it and conclude that all doctors wallow in wealth. This places the physician in the same category as the tycoon and the banker, both of whom have long been targets of scorn and resentment.

Our profession might do well to explode this myth once and for all. We may begin by pointing to the many doctors who even today find it difficult to make ends meet. Only recently the Massachusetts Medical Benevolent Society has found it necessary to appeal for more funds. The doctor's widow who is left financially comfortable is the exception rather than the rule. The preparation for our profession, both in terms of time and money, is most demanding, and the young doctor seldom starts earning a livelihood before he reaches his mid-30's. Little wonder we find it so difficult to persuade young college people to embark on a medical career!

Sickness, at best, is unpleasant. Most patients resent it and everything that goes with it—doctors, hospitals and even the sugar coated pills they have to swallow. They look upon sickness as a total waste of time and money. You can almost hear them say: "If I didn't get sick I'd be today several hundred dollars richer." (You never hear them say that about a new color TV set or automobile). This has been offered as one reason why people like to read derogatory articles about doctors, who to them symbolize sickness with all its disadvantages. Another reason offered is that there is a little of the iconoclast in all of us. Potter, writing in New York Medicine, observes that "people love to read the expose and discover the clay feet of others who maybe, have been or will be idolized".

In a recent issue of the "Doctor's Wife" 3 newsmen explain why the press dislikes physicians—"not individual doctors, but doctors in general". They all seem to agree that the lack of proper communication was chiefly responsible for the "stuffy" relations that exist between our profession and the press. One quotation will suffice: "I think that the problem is more one of communication than of economics. Perhaps the doctor should be given a course in communication. He should learn how to impart information patiently, clearly, and without condescension."

Let us try to improve communications and let us realize that among us are those whose feelings of inadequacy, and other patterns of personality difficulties, have been responsible

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for many of the omissions and commissions that have contributed to our present predicament. We have nothing to hide, nor do we have to pretend by casting ourselves in the role of the omnipotent, dealing in profundities or reconditeness beyond the comprehension of the man in the street. We know that it is the least able of our group who resort to pontifical pretensions in the hope of elevating themselves to an unwarranted and unrealistic level. It is imperative that we mend our fences at once in order to strengthen our public relations, preserve our accomplishments, and assure continued progress and growth in the different fields of medicine. Let us cease indulging our whims and exposing our complexes. Instead, let us mobilize our strengths, if we are to survive. One may justly inquire: can we correct this situation or must we await the coming of the Great Father from Washington?

Vast publications have been written regarding how to achieve success in medicine, all of which today serves as but primer reading. The most vital and constructive form of education would seem to be teaching today's physicians how to communicate, how to develop such personality assets as modesty, humility, frankness, and, last but not least, a readiness to cooperate rather than to take flight to the ivory tower, away from the supposed less gifted and motley masses.

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—Opinion Research Corporation Survey

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## SEPTEMBER (25) MEETING HIGHLIGHTS

Meeting is held at Shaker Farms Country Club, Westfield . . . 170 in attendance against 216 reservations . . . Following delicious chicken dinner meeting is called to order by President Miller at 8:30 P. M. . . . He calls for a moment of silence as tribute to members who expired since last meeting: Drs. L. M. Ives, L. E. Pfeifer, N. W. Jonas, E. U. Dillenback, D. I. Beaupre, and H. B. Brown, and Mrs. Roger Cheney, Past President, Auxiliary to the M.M.S. . . .

President Miller introduces Mr. Fred T. Googins, Jr., 2nd. Vice-President, Group Department, Massachusetts Mutual Insurance Company and Chairman of Sales Promotion Committee of "Mass 65" Plan, who speaks on "Mass 65", a health insurance plan for people 65 and over (page 24) . . . This is followed by a question and answer period . . .

Following "minutes" of previous meeting President Miller announces Nominating Committee: Drs. O. J. Menard, Chairman Robert Cahill, and Robert O'Malley. He announces the forthcoming convention of the Massachusetts Association of Medical Assistants to be held at the Kimball Hotel on October 5th and 6th . . . Diabetic Detection Week will begin November 11. . . .

Dr. Susat's resolution (see page 6) to be forwarded to the Massachusetts Medical Society, is approved . . . Certificates to new members are presented.

Executive Committee recommendation that Senior Members pay for their own dinners is defeated . . . Recommendation that yellow pages telephone listing be limited to address, specialty, and office hours in the telephone directory of the area where doctor's office or home is located, as advocated by the Judicial Council of A.M.A., is approved.

Ten amendments to by-laws, as recommended by By-Laws Committee and published in September issue of Hippocrat, are adopted.

Meeting adjourns at 9:45 P.M.

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## SEPTEMBER (25) MEETING CAMERA SHOTS

**Above:**

Mr. Googins addresses Society.

**Left:**

Pres. Miller awards membership certificates.

**Right:**

Dr. Vassos has the floor.

**Below:**

Enjoying it all.

## to alleviate cardiac anxiety

**IN BRIEF** Vistaril, hydroxyzine pamoate (oral) and hydroxyzine hydrochloride (parenteral), is a calming agent unrelated chemically to phenothiazine, reserpine, or meprobamate. Vistaril has antinauseant and antiemetic properties, and has been shown to lower narcotic requirements by as much as 50 per cent when administered preoperatively and prepartum. Its usefulness in relieving anxiety, apprehension, or fear—occurring alone or in association with physical disease—is enhanced by the fact that no toxicity has been reported from its use under proper techniques at recommended dosages, and by its remarkable record of freedom from serious side effects. Drowsiness, usually transitory or correctable by dosage reduction, may occur in some instances. Dryness of mouth may occur with higher doses. Its potentiating action should be taken into account when Vistaril is used in conjunction with anticoagulants and central nervous system depressants. Intravenous injection of Vistaril should not exceed a rate of 1 cc. per minute or 100 mg. per dose. For complete information on Vistaril dosage, administration and precautions, consult package insert before using. More detailed professional information available on request.

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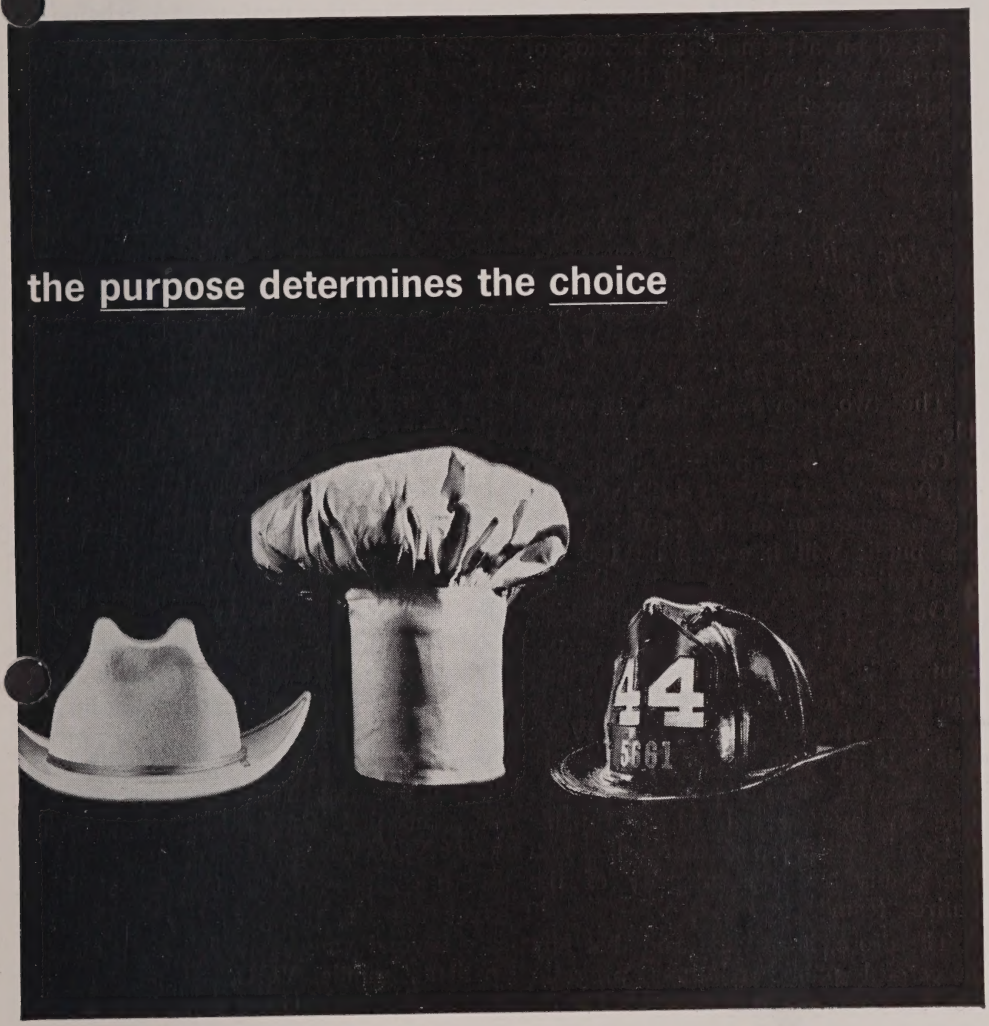


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## YOU

Based on a tremendous backlog of experience, it can be said that public relations for the medical profession—good public relations—percentage-wise falls into two classifications, as follows:

*Eighty per cent depends upon the public relations of the doctor and the patient.*

*Twenty per cent depends upon the presentation of the medical profession to the public.*

The two, however, are inseparable.

Once the doctor-patient relationship is 100 per cent perfect, it follows that the presentation of the profession to the public will like-wise be 100 per cent satisfactory.

On the other hand, the unthinking action of but a fraction of one per cent of the members of the profession can upset the positive public relations program of the vast majority. While this is partly true in every other field of endeavor, in no other does the "batting average" of the least capable "player" reflect so disastrously upon the ability and the integrity of the entire "team".

Therefore, it may be said that any successful public relations program for the county society depends for its success on the professional relationship between the physician and his patient and his public relationship with his fellow citizens.

Here again are two hard-to-separate circumstances, because YOU are "Doctor" wherever you are!

You are doctor at your office, at your patient's home and at the hospital. But, you are also "Doctor" in all your business and social contacts and in the public prints. Hence in no other business or profession do the acts of the individual, the good and the unthinking, react with such speed and such impact upon all as in the medical profession. The reason, though obvious to most, may well be reviewed here.

Today, even before birth and all through his life, the average individual has the most personal relations with doctors, nurses and hospitals. So has his wife. So have his children.

Listen to any group and the conversation will eventually get around to YOU; the way YOU attended them, what hospital YOU sent them to and what YOU charged for your services.

All facets of medical care and the costs thereof, though many of them are beyond your control, are in most patients' minds, YOU.

Likewise, YOU—the medical pro-

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fession—are always in the spotlight in your social, civic and political activities in the community.

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Accept the responsibility proudly. Cherish it. Accept any challenge to defend it. Too long have certain segments in our society accepted the remarkable advances of medical care in our country without being made to realize that only under our form of government—our free and competitive system of enterprise—could this progress have been made.

YOU are your county medical society.

YOU are the power and the strength and the intelligence of the entire medical profession.

YOU stand athwart the threat of socialized medicine!

California Medical Association

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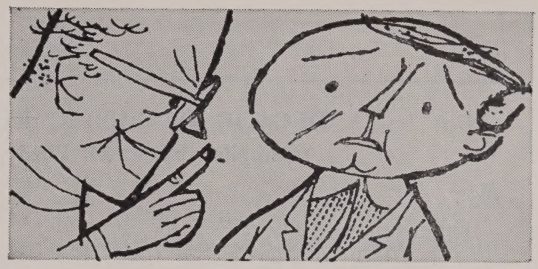
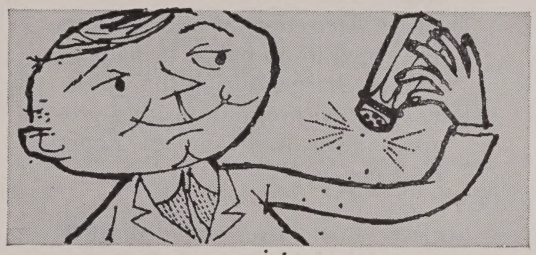
## COMMITTEE MEETINGS HELD AT H D M S HEADQUARTERS

| | |
|---|---|
| Executive Committee | September 18. |
| Public Health | September 26. |
| Sub Committee on Diabetes | September 5 and 27. |
| Mental Health | October 2. |
| Woman's Auxiliary | October 3. |
| Disaster | October 10. |



when you tell your patients **no salt**



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## A DECADE OF PUBLIC RELATIONS ACTIVITIES

**(Compiled by V. M. Purdy, Executive Secretary)**

**1953**

Emergency Medical Service, started in 1950, is progressing favorably under Joseph Baker's chairmanship.

Diabetes Detection Week. Doctors are urged to do public urinalyses, free of charge, during this week.

Rehabilitation program making progress under leadership of Roger H. Cheney.

**1954**

Society participates in dedication of Springfield Municipal Hospital. Springfield Rehabilitation Center Counseling Service activated.

Public Relations Committee meets in Boston twice.

Speakers Bureau for HDMS to become activated.

**1955**

April 22—TV program, Drs. Reilly and Burke, explaining Salk Vaccine against polio.

Sept. 11—Child Safety Campaign, Accident and Poison Prevention, etc. Free booklets distributed through drugstores, doctors' offices.

Sub-committees of PR: TV and Radio, Speakers' Bureau, Press Relation, Medical Forum, Ways and Means, Safety Committee.

Health Forums—Auditorium of Technical High School open to the public.

Under chairmanship of Dr. Reilly. November 22—Cancer. November 29—Heart Disease. December 6—Overweight and Underweight. December 13—Blood Pressure. Sponsored by H.D.M.S, Academy of Medicine, Springfield Newspapers. 4,000 attended lectures—very enthusiastically received.

**1956**

Sept. 11-17—Poison Prevention Week, Child Safety Campaign (in cooperation with Springfield Druggists Association)
Booth at Eastern States Exposition—public response very gratifying.

Health Forum (similar to 1955). Nov. 20—You and Your Nerves. Nov. 27—Live Long and Like It. Dec. 4—Arthritis and Rheumatism. Dec. 11—You and Your Child. "Once again a very favorable PR venture". J. Baker

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TV programs with Tom Colton: Salk Vaccine, Child Safety, Health Forum.
PR meets with Hampden County Bar Association.
Speaker Bureau enlarged.
Meetings with managing editors of Springfield Newspapers and Holyoke Transcript.
High School Science Fairs—HDMS gives certificates and cash awards.
Polio Vaccine given through clinics.

**1957**

April 1—Joint meeting with Hampden County Bar Association.
Movie, "The Medical Witness".
Science Fairs.
Emergency Medical Service now in 7th year, and "continuing to serve in a worthwhile manner." Theodore Miner.
April 23—Indoctrination meeting for new members held.
May 8—Panel Discussion on Alcoholism. Jerome A. Whitney with Springfield Newspapers.

**1958**

Series of newspapers articles released for Springfield Republican:
History of HDMS.
Health Facilities.
Voluntary Health Insurance.
Immunological Therapy in Children.
April 14—Indoctrination dinner for new members.

**1959**

Jan. 20—Special meeting at Municipal Auditorium to discuss probblems of mutual interest to medicine, industry, labor and insurance.
TV Series presented: Your eyes. Alcoholism. Ambulatory Care of Arthritis. What a Few Drops of Your Blood Will Tell. Exercise and Your Heart. Home Accidents and Your Child. Disaster in Your Community. After 65 Plus. Headaches. Physical Fitness. Science Fairs—15 Schools participating.
May 19—Mock Trial with Hampden County Bar Association.

**1960**

March 30—Proclaimed Doctor's Day by Governor Furcolo, with donation made to American Medical Education Foundation.
June 8—Hampden District Association of Medical Assistants organized. TV program, Mental Health, Dr. Olive A. Cooper.

**1961**

Jan. 18—Poison Control centers established in Emergency Wards of each hospital.
Science Fairs held.
May 8—Opening of headquarter offices with Mrs. Vivian Purdy, Executive Secretary.
June 5—
Indoctrination Dinner held.
Speakers Roster revised and on file

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at office.

Much hard work done through PR Committee to educate public on Kerr-Mills Law as against King Anderson bill, under chairmanship of Dr. Palermo.

24 hour telephone coverage for new office.

A.M.A. medical recruitment films shown at American International College, Springfield College, Amherst College, and University of Massachusetts. John Maloney.

Aug. 30—Disaster Medical Care with MMS panel discussion.

Sept. 26—District meeting. "Role of Physician in Mass Casualties" —Colonel I. Louis Hoffman, U. S.A.F. Westover Air Force Base.

Nov. 1—First Aid in Disaster at Springfield College by U.S.A.F. personnel.

Nov. 12-18 — Diabetes Detection Week, by Dreypak. Very successful.

Nov. 21—Mock Trial with Hampden County Bar Association.

Medical articles published in the Springfield Republican, series of eighteen.

Congressional action Committee of 50 appointed by Dr. Palermo.

Nov. 21—Hearing at Kimball Hotel on King Anderson Bill. Senator Benjamin Smith.

1962

TV program against Hypnosis, as entertainment.

Joint Civic Agencies joined to promote better PR.

Laboratory assistant course given blessing by HDMS to be given at Trade High School.

Ads in newspapers—King Anderson vs. Kerr-Mills Law.

Feb. 10—Meetings with Congressman Boland at Chamber of Commerce.

TV program with Tom Colton—W. W. Byrnes and Mr. Robert Berry of Springfield School Department, with children on Physical Fitness.

Plans being made for Diabetic Detection Week, Nov. 11-17 to be extended throughout Hampden District.

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Throughout this decade the Woman's Auxiliary has worked hard to help in any way they could to promote PR.

1. Money raised for nurses scholarships through White Cap Ball. 2. A.M.E.F. contributions on Doctor's Day. 3. Promoting sales of Today's Health. 4. Writing Senators whenever asked to and many times when not asked. 5. Helping with publicity and mailing at Diabetic Detection Week. 6. Civil Defense and Disaster work.

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# A MATTER OF PRINCIPLE

by

EVERETT R. SPENCER, JR., DIRECTOR
PUBLIC RELATIONS AND ADMINISTRATION, M. M. S.

The medical profession, has over the centuries by professional organization and legislative action, developed high standards of medical education, practice, and conduct designed to protect the public the medical profession is dedicated to serve.

These evolved principles of training, practice and conduct, zealously maintained and enhanced by medical organizations and practitioners are not always understood by the general public, nor by all members of the medical profession.

Organized medicine, therefore, has been and is constantly under pressure on a local, state or national level, from outside as well as within, to alter or compromise its principles.

In recent years, these pressures have been increased considerably because of Congressional action and proposals drawing organized medicine into a conflict it could not avoid without surrender of cherished principles.

Because of the ideological, sociological and economic factors involved, the conflict is heated and bitter. Organized medicine's motives have been misrepresented, its character impugned, its image badly distorted.

Within organized medicine itself, small but vocal opposing factions have developed, which although they do not necessarily undermine the confidence most physicians have in the professional organizations to which they ally themselves, do nonetheless, give the public the impression that medicine itself is divided upon important, basic issues. (Vocal minorities, honest in intent and purpose, are, nonetheless, an asset to any organization.)

In the face of this anti-medical barrage, many a physician, a combatant not by choice, feels that the public relations of the medical profession has gone to pot, and in the desperate hope of improving his public relations is tempted to say (and you may have heard it said): "Let's not stick by this principle. It's not good public relations." This is shoddy, dangerous thinking, indicating a lack of understanding of the nature of affirmative public relations programs, and is virtually a surrender of one's integrity.

In his book, *Public Relations in Medical Practice,* James E. Bryan writes: "An affirmative public relations policy may be defined as the attitude and course of action taken by a person or group that wishes to identify its activities and purposes with the welfare of the people, in order to gain public understanding and good will." To this last sentence we may add "acceptance and support".

Medicine must identify its activities and purposes — its principles — with the welfare of the people. This is, admittedly, a difficult job, requiring the use of all public relations techniques and the participation of all physicians.

Medicine's high standards of medical education, practice and conduct are in the public interest and can so be identified.

To substitute for principle that which may appear to be more acceptable or palatable to the general public in the name of public relations is a hazardous expedient — the first step along the merry road to oblivion.

#

## CORRESPONDENCE

### LOAN PROGRAM TO MEDICAL STUDENTS

Dear Hippocrat:

A far reaching new medical education loan guarantee program is now under way in American medicine. The goal of this program is to help eliminate the financial barrier to medicine for all who are qualified and accepted by approved training institutions. It is designed to provide a means of financing a substantial portion of the cost of a medical education.

The loan program for medical students, interns and residents is the result of a cooperative effort by American medicine and private enterprise.

The program is administered by the American Medical Association's Education and Research Foundation. The ERF has established a loan guarantee fund. On the basis of this fund, the bank will lend up to $1,500 each year to students. The ERF in effect acts as co-signer. For each $1 on deposit in ERF's loan guarantee fund, the bank will lend $12.50.

More than 3,000 students, interns and residents have borrowed more than $6,000,000 through this fund since it was started last February. Physicians and others have contributed almost $700,000 to the loan guarantee fund, which makes possible these loans.

The guarantee fund is almost depleted and more money is needed immediately to keep up the loan program. Eventually it will become self-sustaining as loans are repaid, but right now substantial financial help is needed. Your check to the AMA-ERF, 535 North Dearborn St., Chicago, will help to keep this important program viable. Contributions to the Foundation are tax deductible.

George M. Fister, M. D.
President
American Medical Association

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### CHEST PHYSICIANS' STATEMENT ON CIGARETTES

Dear Hippocrat:

The Committee on Cancer of the American College of Chest Physicians for a number of years has been studying the effect of cigarette smoking on the pulmonary and cardiovascular systems. The members of the Board of Regents of the College are convinced that sufficient evidence has

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been accumulated to warrant issuing an official statement with regard to cigarette smoking and health. Accordingly, a resolution connecting cigarette smoking with various pulmonary and cardiovascular conditions was approved by the Board and issued by the College.

The resolution stated that the weight of scientific evidence distinctly indicates that cigarette smoking and the inhalation of other atmospheric pollutants have an association relationship which strongly suggests a causal connection with chronic bronchitis, pulmonary emphysema, cor pulmonale, cardiovascular diseases and cancer of the lung.

The College in its official statement urged its members and the medical profession in general to intensify their educational campaign directed toward the public, and the youth in particular, relative to the hazards of smoking.

The College urges that efforts to control atmospheric pollution be encouraged and that support be given to endeavors in the field of research for additional scientific information concerning etiologic agents.

The resolution was introduced by Dr. J. Winthrop Peabody, Jr., Washington, D. C., to the House of Delegates of the American Medical Association and was referred to their Council on Drugs which is conducting a study on the relationship between tobacco and disease. A preliminary report is to be presented by the Council within 12 to 18 months. Surgeon General Luther L. Terry of the U. S. Public Health Service has announced plans for an advisory committee to make recommendations on the health aspects of smoking. The College resolution will be referred to this committee.

American College of Chest Physicians

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### "MASS 65"

H.D.M.S., at its September 25 meeting, was addressed by Mr. Fred T. Googins, Jr., second vice-president of the group department for Massachusetts Mutual Life Insurance Co. and chairman of the sales and promotion committee for the new plan.

His topic was "Mass 65", a hospital-medical insurance plan for persons aged 65 or more that soon will be offered by 42 insurance companies in this state.

The plan, which will be announced in detail by the participating insurance companies on October 1, 1962, has the backing of the Massachusetts Medical Society.

It is similar to a plan already in use in Connecticut and soon to be expanded by that state's major insurance companies. New York also will adopt the plan next month, it was reported.

"Massachusetts 65", available to any person age 65 or over, provides major medical coverage of up to $10,000—$500 for medical expenses in any one year.

A nonprofit plan, it will cost subscribers $9 a month. No physical examination will be required and the spouse of the subscriber will be covered automatically.

It is not intended to supplement or replace any existing medical insurance the subscriber may have, which may be kept or discontinued, as the subscriber chooses.

Expenses not covered include conditions covered by Workmen's compensation, mental disease outside a hospital, dental care, and war injuries.

Descriptive pamphlets were distributed at the meeting.

"Mass 65" was received favorably by the Society.

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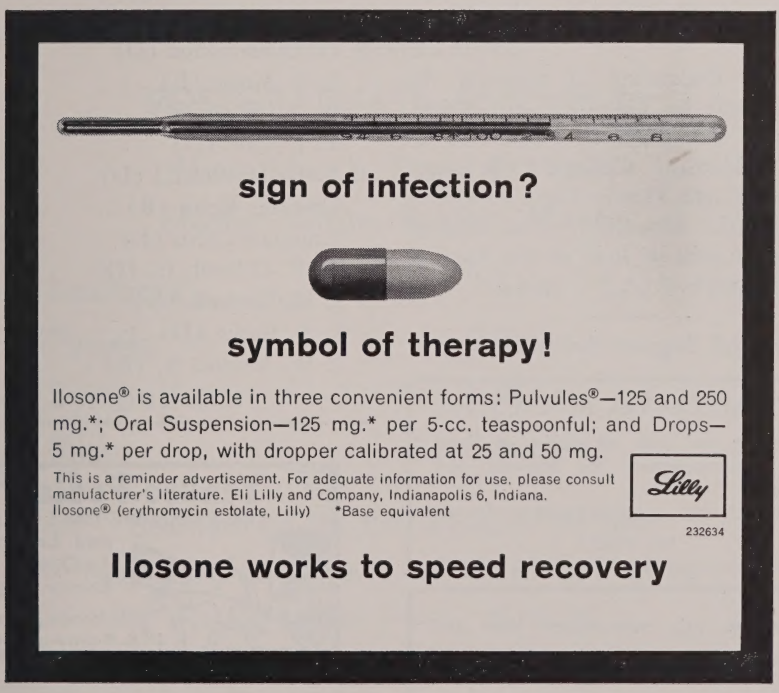
## DR. BELLIN APPOINTED COMMISSIONER OF PUBLIC HEALTH

On Sept. 25, 1962, Mayor Charles V. Ryan, Jr. of Springfield announced the appointment of Dr. Lowell Bellin, Longmeadow, as Commissioner of Public Health. This is to become effective on November 1, 1962, replacing Dr. John C. Ayres who has been filling the position temporarily for the past two years.

Dr. Bellin was born in Brooklyn, N. Y. on Oct. 2, 1928. After completing his undergraduate studies at Yale University in 1948, he went on to receive his M.D. degree from the State University of New York in 1951. He served residencies in the U.S. Veterans Hospital, Newington, Conn., 1953-1955; and the Grace New Haven Hospital, 1954-1955. Moreover, he served in the U.S. Air Force from 1955 to 1956. Upon discharge, Dr. Bellin went to the New England Medical Center in Boston on a fellowship in cardiology from the National Institutes of Health. In 1957, Dr. Bellin went to Israel on a research fellowship in cardiology at the Rothchild Haddassah University Hospital in Jerusalem and later became acting head of internal medicine at the Hadassah Negev Hospital in Beersheba, Israel. He is a member of the H. D.M.S.

Dr. Bellin returned to the United States in 1958 and settled in Springfield where he entered into the private practice of internal medicine.

Besides looking after the public health affairs of Springfield, Dr. Bellin will further his postgraduate education by attending the Harvard School of Public Health on a part time basis.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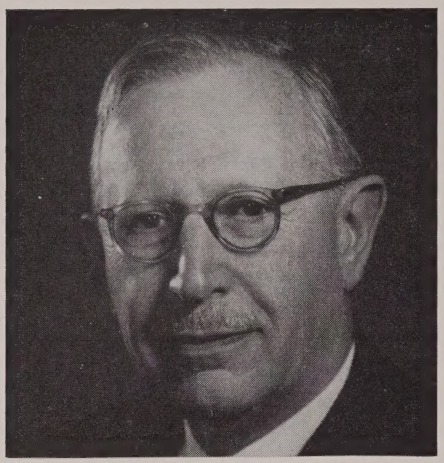

Harry C. Solomon, M. D.

At the November 13 meeting of the Springfield Academy of Medicine the speaker will be Dr. Harry Solomon, Professor Emeritus of Medicine, Harvard. His topic will be "Modernizing Care of the Mentally Ill". The clinical conference will be held at the Mercy Hospital.

At the December 11 meeting the speaker will be Dr. Carl H. Smith, Professor of Clinical Pediatrics at Cornell Medical College. His topic will be "Major Hematologic Problems in Pediatric Practice". The clinical conference will be held at the Springfield Hospital.

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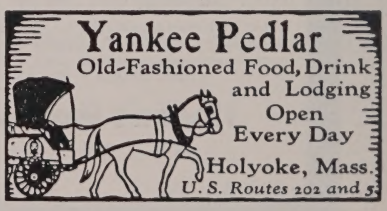

**DIABETES DETECTION WEEK**

Hampden District Medical Society is observing Diabetes Detection Week (November 11 to November 17) by co-sponsoring a Diabetes Detection and Education program jointly with the Public Health Department of Springfield and the Druggists of Western Massachusetts.

During Diabetes Week the public, through a program of publicity, will be invited to pick up a "Dreypak" at their favorite drug store. This Dreypak contains a medicated paper strip which the individual dips quickly into a specimen of urine, lets it dry, and returns it—by mail or otherwise. The tester adds one drop of glucose oxidase solution to the filter paper strip containing the dried urine specimen. After two minutes, if the filter paper turns any color between light green and dark blue, there is sugar in the urine.

A self-addressed envelope then delivers the Dreypak to H.D.M.S. headquarters at 1414 State Street. From there they will go to the Springfield Trade High School where it is expected the actual testing, as last year, will be done. Our Woman's Auxiliary then takes over, notifying the sender of the findings, and also his physician if the test is positive.

Louis Izenstein, M. D.
For Sub-committee

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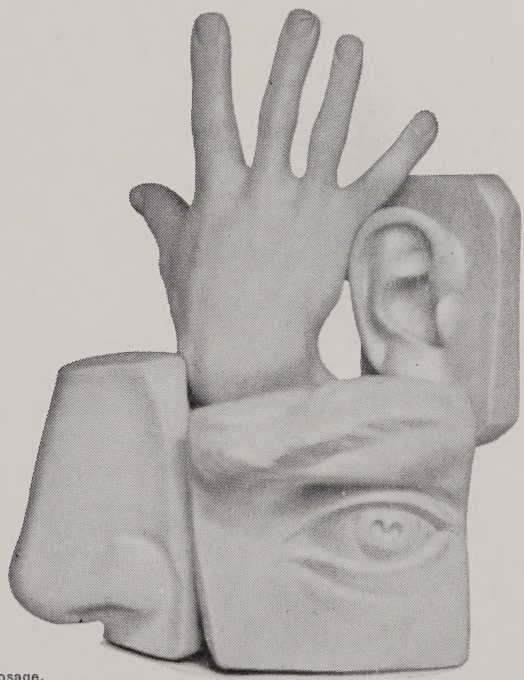

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**Third National Bank of Hampden County**

*Trust Department located at Main Office, 1391 Main Street, Springfield*

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